

EMOTIONS SHEALTH

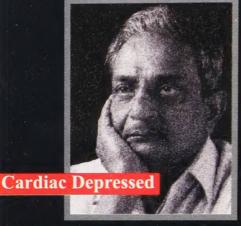


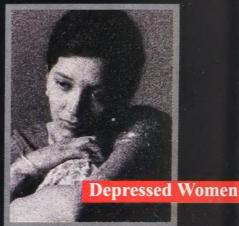
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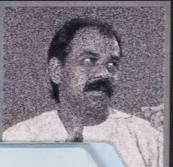
Many faces of depression











Elderly

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Preface

Medical information on psychiatry, as all interested observers know, is expanding at an astronomical rate and any good book is a testimony of this deluge of new information. There must be a good reason to publish a new booklet when there are already a number of multiauthored books on Psychiatry. It seemed to us that medical writing should provide more than just information, it should provide inspiration too. Furthermore it should be relevant to society.

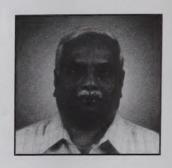
The idea of this CNS series of booklets was conceived in a rather informal discussion with the leading psychiatrists in India. All of us wanted to strike a balance between the existing information and the need of this millennium

This booklet represents the distillation of a tremendous volume of literature on Mood disorders, filtered through the receptive and discriminating awareness of a distinguished psychiatrist from a premiere Institute in India.

Truly understanding another human being is a daunting challenge, yet nothing is more important if we are to soothe the suffering of a ravaged soul. That is why Solus is proud to be associated with the publication of this book, which we believe will add another dimension to that task.

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Dr. Chandra shekar, one of the most prolific writers in his field, is associated with one of the premier institutions of Mental Health i.e. NIMHANS, Bangalore and is presently working as an Additional Professor of Psychiatry and Deputy Medical Superintendent. Born in 1948 at Channapatna, Bangalore District, he completed his MBBS from Bangalore Medical College in 1972, followed by DPM and MD in Psychiatry from NIMHANS, Bangalore in 1978.

For his distinguished work, he has won a number of awards.

- Dr. S. S. Jayaram's Award instituted through Indian Psychiatric Society, Karnataka Branch for his book on "Mental retardation".
- Dr. H. Narasimhaiah Award instituted through Kannada Sahitya Parishat, Bangalore for his book on "Bhanamathi".
- Award from Department of Public Education, Government of Karnataka for his book on "Epilepsy".
- Doctor's Day Award 1993, by Indian Medical Association, Bangalore Branch.
- Man of the Year 1997, American Biographic Institute,

 Karnataka Chetana Award – 1999, to name a few.

Dr. Chandra shekar has held number of honorary posts to his credit, such as-

- Secretary, Indian Psychiatric Society, Karnataka – 1982-84;
- President, Indian Psychiatric Society, Karnataka – 1991-92;
- Short-term consultant to World Health Organisation;
- Hon. Consultant to Prasanna Counseling Center, Bangalore, and
- President, Kannada Vaidya Sahitya
 Parishat 1994 96.

He has published 65 technical research papers in National and International Journals in Psychiatry and related subjects; 760 popular articles in Kannada and English dailies and periodicals on Mental health and related issues; 88 books in Kannada; 11 books in English on Mental health out of which 4 books have been translated into Telugu. He is also a co-author for six manuals on Mental Health care for Doctors, Health Workers, Mental Health Professionals.

Amongst his varied interests, Dr. Chandra shekar is especially interested in Mental Health Education and Community Mental Health.

He has prepared this article for Solus Pharmaceuticals Ltd.

EMOTIONS & HEALTH

Emotions are part of life. One cannot imagine a life without emotions. When our needs are fulfilled, when we gain something, we feel happy. We love our family and friends. We sympathize with people who are in distress. We become sad, even cry when we face any loss, separation or death. We show anger when we get frustrated or when we see injustice. We become anxious when we anticipate failure or danger. We show fear when we actually face the danger. become jealous when we see others prospering. These emotions shape our behaviour and remain as a force behind all our activities. Though all these emotions are natural, over a period of time, during our childhood and adolescence, we learn the ways to express these emotions in a socially acceptable manner. Society expects us to show these emotions in an appropriate manner so that nobody is hurt, everybody fee's comfortable and shares these emotions. the symbol of love and affection. If some one is very sympathetic, accommodative, generous, shows kindness and concern towards other fellow beings, we say that he

This is because, emotions are contagious, whether happiness, sadness, anger or fear can spread like wild fire. Certain emotions in severe form, can lead to dangerous behaviour like homicide and suicide. Prolonged emotions may lead to psychosomatic diseases like high blood pressure, diabetes mellitus, migraine headache, acidity and peptic ulcer, asthma, diarrhoea, dysentery, constipation, arthritis (joint pain) menstrual cycle irregularities, sterility, impotence or frigidity. Excess emotions may encourage aggression and violence, running away from home, alcohol, tobacco and other substance abuse, high risk behaviour like gambling, fast and reckless driving, sexual promiscuity, antisocial behaviour, accident proneness, foolish decisions, neglect of personal care and needs etc. Thus it is essential for every one to understand the development, nature, expression and control of emotions. Proper and appropriate emotional management, not only helps in successful management of diseases, but also helps in prevention of these diseases and promotes health satisfaction

Origin and Development of Emotions

People and poets believe that emotions take their origin in the heart. Thus heart becomes is kind hearted. But all the emotions originate in the limbic system of the brain. Brain cortex specially pre-frontal cortex exercises control over the emotions and can even inhibit them. Neurotransmitters like dopamine, serotonin, GABA are involved in the experience as well as expression of emotions. Decreased availability of dopamine or serotonin in the synapses (space between the two nerve endings) is associated with moderate to severe depression and suicidal attempts. Adrenaline hormone is associated with the expression of anger and fear. soon as the person perceives frustration, injustice or danger, pituitary gland in the brain sends messages to adrenal glands which are located on the top of kidneys, to produce more adrenaline hormone. Adrenaline gets into the blood stream, reaches all organs in the body and prepares the person for fight or flight response. The heart and pulse rate, blood pressure increase, there is hurried respiration, more blood flows to the muscles, and less blood supply to the brain, muscles contract and become ready to fight or run away, glycogen in the liver is released and gets converted into glucose to give the energy required.

The new born child does not have any emotions. The cry immediately after birth is a reaction to the outside environment and helps the lungs to start functioning. Any discomfort makes the child to cry and it soon

learns that it can draw the attention of mother and others by crying in different forms: crying thus becomes the communication channel for the child. Later the child starts showing some sort of excitement when it is hungry or hurt or contented or comfortable during the second week after birth.

Infants show three basic primitive emotions according to experiments conducted by behaviour scientist, J.B. Watson. Fear was elicited by loud sounds, rage was seen when body movements were restricted and love was expressed by gentle stroking of the body parts. Distress is one unpleasant emotion shown by the child which is 3 weeks old by crying or other types of body language to stimuli like hunger, wet diapers, hot sunrays or severe cold wind. This distress later get differentiated into anger, fear, disgust and jealousy. Definite anger expressions appear at 5th month and fear reactions in 7th month; jealousy appear between 15th and 18th month. The first pleasant emotion, the smile, appears in the second month, when it receives loving and caring responses by the parents. The emotion of delight clearly appears at 3rd month, elation at 7th month, love and affection towards others by 11th month. At 18th month, love and affection becomes very selective and specific to certain people of choice.

Behavioural scientists emphasize on the role of operant conditioning in the development of

emotions. That is, either by observing others or by experiencing, the child learns to show emotions. For example, child may be neutral when it sees a dog. But when it is bitten by a dog, or seeing some other person being bitten by dog, learns to show fear toward dogs. This fear can be generalised and child may show fear to all animals. Thus the child starts showing positive emotions like happiness, love when there is a gain or pleasurable experiences and negative emotions like fear, anger and sadness when there is loss or unpleasant experience. Thus people around us, the environment, the experiences, information we receive, other responses to our emotions together shape our emotional responses and expressions.

Role of brain and nervous system

Brain has three important parts, cerebrum, cerebellum and brain stem. The nervous system has two components: voluntary and involuntary (autonomic) nervous system. Cerebrum especially the frontal lobe which is involved in thinking and analyzing, is involved in relating the present events with the past and determines the type of emotional responses. If the past experience was pleasant, it elicits positive emotions and if it was unpleasant, it elicits negative emotions.

The cerebrum also acts as a check on the amount and type of emotional expressions depending on the social norms and environmental conditions. If sympathetic audience is there, we show more emotions in a dramatic manner. If hostile audience is present we restrain ourselves: The prefrontal lobes appear to have inhibitory control over the emotions. Damage to these parts may result in uncontrolled, severe emotional reactions on the individual.

Certain structures in the cerebrum like thalamus which receives information from the whole body, hypothalamus which controls the involuntary nervous system, subthalamus which has control over the voluntary muscles, also play important roles in emotional expressions. Subthalamus and hypothalamus are capable of executing primitive emotions like fear, rage and sex, certain parts of hypothalamus inhibit or restrain the emotions.

Negative emotions stimulate the sympathetic division of involuntary nervous system. This leads to various bodily changes that occur during fear, anger, reactions like increased heart beat, and respiration, increased sweating and rise of body temperature, contractions of the muscles, release of glycogen from liver, increased blood supply to the muscles etc. Thus in an emergency situation, sympathetic nervous system operates, whereas parasympathetic division

operates in common day to day life management activities like eating, digestion food storage, elimination of waste matter, sexual functioning etc.

Thus the following changes are seen in various organ systems in the body, when we are experiencing severe emotions, especially negative emotions like anger, fear, sadness, jealousy.

(A) Digestive System

- Decreased appetite (desire to eat), no taste
- Increased secretion of hydrochloric acid (acidity) which can lead to gastritis, peptic ulcers
- Inadequate, irregular secretions of digestive enzymes which lead to indigestion
- 4. Feeling of abdominal distention, fullness of stomach
- 5. Inadequate absorption of food particles in the intestines which can lead to deficiency states and diseases
- 6. Poor and irregular motility of intestines which can lead to diarrhoea or constipation

(B) Respiratory System

Hurried and shallow respiration

- Choking sensation in the chest
- 3. Difficulty in breathing or breathlessness

(C) Heart and blood vessels

- 1. Increased heart beats, palpitation
- 2. Blood pressure may increase leading to high blood pressure
- There is redistribution of blood circulation, more blood flows to the periphery and less blood to the brain
- Because of increased blood flow in the periphery, feeling of warmth or feverishness

(D) Liver, Pancreas, Endocrine glands

- 1 Liver releases glycogen which gets converted into glucose Glucose gets burnt releasing energy
- 2. More insulin production to facilitate the use of glucose by the cells. In diabetes, emotional reactions increase blood sugar level as they cannot produce more insulin
- Adrenal gland produces more adrenaline
- Production of sex hormones is disturbed which may lead to decreased

sexual drive, irregular menstrual cycle, sterility

This means, when we are experiencing negative emotions, these vital functions get disturbed or deranged. For example, there will be loss of appetite, no interest to take food, indigestion, lack of or poor absorption of food materials in the intestine. Poor storage of food, poor or inadequate elimination of body waste, disturbed sleep, fatigue, loss of sexual interest and functioning. Thus the following changes

(E) Genitals and urinary system

- Increased frequency of urination and urgency
- 2. Inadequate response of genital organs to sexual stimulation or desire, leading to partial or no erection of penis, poor vaginal secretions, premature ejaculation of semen

(F) Muscles and joints

- 1. Stiffness of muscles, spasms leading to pain
- Easy fatiguability
- Movements become slow and painful.
- 4. Tremors (shaking) of the limbs or entire body

(G) Brain and mental functions

- Decreased attention and concentration
- Decreased perception person may 2. not be able to see, hear, smell, taste and touch properly; he may misinterpret what he sees, hears or experiences (illusions), he may see or hear or feel things which do not exist (hallucinations) for example, a mother whose baby is dead, may start reporting hearing the baby's cry or talk, the widow may report of seeing her dead husband sitting in the easy chair in the drawing room and asking for food; a person who expects to see a ghost, may see it in the expected places like a graveyard or in a dilapidated isolated building.
- 3) Decreased ability to understand information and learn.
- 4) Poor memory, or in extreme emotional distress one may fail to recall events for specific period. Eg. amnesia, fugue states.
- 5) Confusion, disorientation to time, place and persons
- Decreased ability to analyze, solve problems, take appropriate and right decisions

- Person may become easily suggestible and starts believing others without questioning them
- 8) Irrational, erratic, inappropriate behaviour.
- 9) Decreased self confidence, self esteem; increased inferiority feelings; one starts underestimating one's abilities and resources.
- 10) Person may become dull, withdrawn, pessimistic, less efficient and even may stop working, he may neglect his needs and responsibilities.
- 11) One may not bother to follow the ethical and moral standards; he may become selfish and lack concern for other fellow beings; he may indulge in antisocial activities like telling lies, steal, deceive others, corrupt practices, break the laws and regulations.
- 12) One may show aggression and violence, become homicidal or suicidal, may destroy the property and become dangerous to others and to the society.
- (E) Immune System: Under severe and prolonged emotions, the immune system becomes weak. Number of

white blood corpuscles, lymphocytes, macrophages would be less. Thus these individuals are prone for infections. Bacteria, virus, fungi, protozoa which keep trying to enter the body succeed in their job. Tuberculosis, typhoid, pneumonia, malaria, sore throat, measles, mumps, herpes, skin fungal infections are more common in individuals who are emotionally disturbed.

Common diseases which are associated with emotional stress are:

- 1. Acidity and peptic ulcers: Common symptoms are discomfort, burning sensation or pain in the upper part of abdomen and chest, watering in the mouth, belchings, fullness of stomach, indigestion, flatulence, decreased appetite, nausea, vomiting, passing black coloured stools.
- 2. Bronchitis, Asthma: Cough, difficulty to breath, noisy breathing, thick sputum are the common symptoms. In hyperventilation syndrome there is hurried and short respiration and severe distress.
- Heart attack: The arteries which supply blood to the heart muscles may get blocked. If the block is transient

the condition is known as 'Angina' and if the block is permanent, resulting in death of the heart muscles, the condition is called as 'Myocardial infarction.' Symptoms are sudden, severe unbearable pain or burning or crushing or stabbing sensation in the centre of the chest along the mid line, pain may spread to neck, shoulder back or arm; there is severe sweating: pulse is thin and fast. The person collapses to the ground and may become unconscious. There may be vomiting. In angina, pain lasts for a few seconds or a minute and in M.I. it lasts longer. All chest pains are not due to heart attack; one has to consult a doctor and clarify the issue.

4. High blood pressure: One has to get his blood pressure examined two to three times. If the systolic pressure is more than 40 mm of Hg, and if the diastolic pressure is more than 90 mm of Hg, the person is said to be suffering from high blood pressure. In more than 50% of cases, the person may not suffer from any symptom, people with high blood pressure reach the hospital with complications like paralysis. sudden partial or total loss of vision, heart attack, decline in intellectual functions etc. As people believe, headache, giddiness, anger are not the

common symptoms of high blood pressure.

- 5. Diabetes Mellitus: In normal people, blood sugar, 10 hours after continuous fasting, is between 60 /100 mg per 100 ml. In diabetes mellitus, fasting blood sugar is more than 100 mgs per 100 ml. It increases to 150 mg or even more at the end of 2 hours after a meal. In diabetes, sugar is not converted into glucose which is essential for all the cells and organs. Surprisingly, in more than 50% cases. Patients may not suffer from any symptom and reach the hospital with complications like nonhealing wounds, sudden partial or total loss of vision, gangrene, heart attack. peripheral neuropathy (burning sensation/or absence of sensation in the hands and feet) etc. In other 50% of cases, patients report increased appetite and thirst, frequent passing of urine, easy fatiguability.
- 6. Ulcerative Colitis: Person suffers from diarrhoea and dysentery. There may be ulcers in the large intestine.
- 7. Irritable bowel syndrome: In this conditions, patient gets an urge to pass stool soon after eating food. The stool is well formed and no loose motions or passing mucus or blood. This, symptom is very embarrasing and restricts the patient's movements and

outside activities.

- Migraine headache: Headache is on 8. one side and suddenly comes like an attack. There may be precipitating factors like empty stomach, missing the sleep or delay in going to bed, certain food items like chocolates. creams, citrus fruits (orange, lemon), noisy atmosphere, physical or psychological fatigue. Some people report of a warning symptom, a few seconds before getting the headache. This could be flashes of light in front of the eyes, giddiness, numbness of the body etc. Pain becomes very severe. Patient cannot see light or hear sound. He retires to bed in a dark room. There may be vomiting which brings some relief. The attack may last for a few hours. Migraine headache is more in women than in men.
- 9. Rheumatoid arthritis: Initially the weight bearing joints like knee joint and later smaller joints like those of fingers are swollen and painful. Movements increase the pain and later become restricted, At a later stage, the muscles get wasted. This arthritis is more in females.

- 10. Menstrual cycle irregularities and sterility in both men and women. Ovum in females fails to mature and does not get released from the ovary. In men, the sperm count becomes less, leading to decreased fertility.
- 11. Skin lesions like eczema, psoriasis, certain rashes, lichen planus etc. are believed to be psychosomatic diseases.
- 12. Obesity: Excess weight, accumulation of fat in certain parts of the body are the common features in obesity. For every inch of the body height, maximum weight allowed is 1 kg. That is, the weight of the person who is six feet tall, should not exceed 72 kgs.

What are the causes of severe emotional reactions?

Why some people have better control and expression of emotions and why some lose control and exhibit severe emotional reactions? Several factors appear to play important roles in this regard.

 Hereditary factors: Poor cortical control over emotions may be due to hereditary factors. Thus poor emotional control may run in families. Bad temper, aggression, severe fears (phobia), depression may be gifted to the off springs through genes

- Experience during the childhood: 2. we learnt that the child learns to show emotions to particular stimuli, by observing others like parents, elder siblings and significant others in the surroundings who become the 'models'. The rewards given for appropriate emotional expressions, the disapproval and punishments given to wrong and crude expressions go a long way in shaping the emotional behaviour of the child. If positive emotions are shown and encouraged by the family members, child follows suit. If negative emotions are exhibited and encouraged child repeats the same.
- 3. Psychological development: Our mind has 3 parts. 'Id' the most primitive which is present at birth is very selfish, irrational and always works to fulfill the needs of the person. 'Ego' is that part of the mind, which tries to understand the reality, and has control over 'Id.' 'Superego' always tries to follow the norms of the family and society. It shows concern for fellow beings. It is altruistic. Thus if 'Id' is strong, the

person shows severe negative emotions, if his needs are not fulfilled. He will have a very low frustration tolerance and bursts out with anger and sadness. If Ego and Superego are strong, the person will have high frustration tolerance and can control his emotions and shows positive emotions like love, kindness, and sympathy. He will have high level of self-confidence and self-image.

4 Sociocultural factors: In each society and culture, norms for emotional expressions are different. culture, emotions are expressed in a dramatic manner, in another culture, they are expressed symbolically and in a low key manner. Certain cultures give more encouragement for positive emotions and certain cultures encourage negative emotions like anger and aggressions. Even in the same culture, norms may be different for men and women. For example, in our culture, men are not supposed to weep in front of others in spite of facing a big loss or a tragic situation where as they are expected to show lot of anger and aggression. Women are expected to show a lot of kindness, tolerance and exercise control over anger and aggression. Men of higher

caste are expected to have many positive emotions in spite of facing adverse situations and frustrations. In our culture, a good and ideal person should have more positive emotions and controlled expression of negative emotions in general. The concept of "STHITHAPRAJNA" according to Bhagavadgeeta is to maintain an equilibrium and show no excitement whether there is gain or loss, praise or criticism, reward or punishment, danger or no danger. An ideal and mentally healthy person bring 'Arishadwarga' under his control. Arishadwarga are (1) Kama (sex) (2) Krodha (anger) (3) Lobha (Greed for money and materials) (4) Moha (passions for men, money materials) (5) Mada (excess pride) (6) Maathsarya (jealousy). Majority of the great teachers and social reformers of our country have suggested methods to keep the emotions under control by not yielding to these evil forces or enemies who are inside us.

Who are the individuals who are more prone to develop severe emotional reactions with ordinary or trivial reasons.

(1) Individuals who are not brought up by their parents: either one or both the parents are dead or separated.

- (2) Individuals who are brought up in orphanages, boarding schools and in hostile environment who don't have surrogate parents or supportive guardians.
- (3) Individuals who receive either too much attention, pampering or severe insults and punishments; who also receive conflicting instructions.
- (4) Individuals who live in isolation, who do not have good social support.
- (5) Persons who are not exposed to any stress or who are living in highly protective environment.
- (6) Persons who are migrants socially marginalized, who are a minority in a given society or who live with lot of uncertainity.
- (7) Persons who are living in 'dangerous' unprotected environment various pollutions worsen the problems.
- (8) Persons who face more than one major life event in one year and who are not well prepared to face them.
- (9) Individuals who get ill-treated, exploited and rejected by others in family or in work situation or in the society.
- (10) Adolescents and elderly people
- (11) People who suffer from stigmatizing,

- disabling and debilitating or life threatening diseases.
- (12) People who live in crowded areas. Compared to rural people, urban people are more emotionally disturbed.
- (13) People who are in very demanding, highly responsible and sensitive jobs.
- (14) Individuals who are unemployed or partially employed.
- (15) Individuals who do not have specific goals and who drift away.

Anxiety and Fear

Anxiety and fear are unpleasant emotions which are experienced where there is danger, uncertainty, failure, hostility, assessment of ones abilities or performances, unfamiliarity. In fear, the cause or situation is known to the individual but in anxiety, it is unknown. The issues, objects or situations which cause fear need not be real but could be either imagery of anticipations of the individual. The individual experiences apprehension, thinks of the impending failure or danger, sees a threat to his existence, or life or anticipates the loss. His heart starts pounding, he becomes breathless, sweats profusely, starts trembling, feels weak, experiences a sinking feeling in the abdomen, severe discomfort in the chest, an urgency to pass urine or stool. restlessness.

He cannot sleep, cannot eat and enjoy food, cannot perform or enjoy sexual act. The common conditions in which everyone of us feel anxious or fearful are:

- (1) Strange places and situations
- (2) In the midst of strangers or hostile people
- (3) in darkness
- (4) When we are alone or in lonely place
- (5) Aggressive animals and people
- (6) Examination, interviews, inspections
- (7) While performing on the stage
- (8) When we are given time bound; tasks, big responsibilities
- (9) When thee is severe competition
- (10) When we have to take major decisions
- (11) When we have to undergo painful investigations or surgical treatment
- (12) When we have to meet V.I.P.s, authority figures.
- (13) When we have to handle large amounts of money or materials

(14) When we have to organize functions.

Our own inferiority feelings, criticism from others, lack of support and guidance from the significant others, past negative experiences and limited resources increase the anxiety in all the above situations.

How to overcome anxiety, fear?

- introspection: We should do introspection, know our assets and limitation. Assets will help us to improve our self-confidence and limitations help us to plan our strategy. Limitations should not bother us. If limitations could be improved. We must plan to do so. If they cannot be improved, we should learn to accept and live with them.
- Give up negative thinking: We should avoid negative thinking. We should not anticipate failure unnecessarily. We should not underestimate our abilities. "Let me do my best. Let me make sincere effort. Things would be alright", should be our attitude.
- 3) Give up inferiority feelings: We

should not compare us with others. We need not excel others all the time. Our target should be, to work better and to achieve better than our own past work and achievements.

- We have to look at our resources:
 time, men, money, material and plan to
 make better use of these. There is no
 point in worrying about what we do not
 have. 'Stretch your legs according to
 the length of the mat.'
- fet support of others: We should not have 'Abhimanyu' syndrome that is, to succeed alone or to carry all the burden on our shoulders, we should talk, involve and get support of others to complete the task assigned to us. We have to request our family members friends and colleagues to encourage us and not to criticize us.
- Relaxation: Relaxation is the best medicine for anxiety and fear. We have to learn the art of relaxation. With anxiety and fear, fatigue sets in the body and mind, reducing their efficiency. Relaxation helps to remove the fatigue and bring back the efficiency.
 - 1) Sleep for minimum six hours a

- 2) Spend 45 minutes to 60 minutes everyday in doing activities like listening to music, reading books, painting, gardening playing with children or pets, sports, observing nature, yoga, meditation, pranayam etc.
- 3) Break the monotony while working or carrying on a responsibility. Do some other activity for a while. Get up, stretch yourself, walk a few steps, do simple breathing exercise (take a breath slowly and deeply & breathe out) in a relaxed sitting or lying posture for a few minutes
- 4) Share your difficulties, problems, frustrations with someone you love and respect.
- 5) See that your immediate environment is comfortable and aesthetically pleasing to you. Keep the place clean, tidy and decorative.
- Take easily digestable food preferably fluids and semi-solid food at regular intervals. Stop eating very high calorie diet like fried food, icecreams, chocolates, fatty meal.

7) Have faith in God or some supernatural force. Offer prayers and request Him to give you the required abilities to complete your task. Do simple puja/worship, visit temple/mosque/church and hope for the best

Anxiety Disorders

About 10% of the people in any given population suffer from anxiety disorders. Here the symptoms of anxiety and fear are severe enough to cause (1) severe distress to the individual or others(2) interference in the routine functioning of the individual at home and at work place and (3) Social disability.

(1) Generalised Anxiety Disorder: Symptoms present in almost all situations and present most of the time for 6 months or even more. The person may approach the doctor with bodily complaints like headache, bodyache, easy fatiguability, difficulty to get sleep or disturbed sleep, loss of appetite, sexual inadequacies like impotence, premature ejaculation, painful intercourse, restlessness, decreased concentration and memory, decreased physical/mental ability to carry on his work and responsibilities.

(2) Phobia: individual suffers from marked and persistent excessive and irrational fear regarding a particular object or situation like insects and animals, water, darkness, bridge, tunnel, closed or open space, crowd, weapons, infection, syringe or needle, blood etc. Because of this intense fear reaction, the person tries to avoid that particular object or situation. The person knows that his fear is not reasonable but cannot help it.

In social phobia, there is marked, persistent fear to go to social situations like marriage functions, parties or gatherings, where one has to get exposed to unfamiliar people or possible scrutiny by others. The individual feels embarrassed and is afraid that he may get humiliated, rejected by others. He worries that he may not be able to talk appropriately, behave appropriately and others may laugh at him. Thus he avoids meeting people or going to such gatherings.

- (3) Panic disorders: The person suffers from an intense fear for 20 to 30 minutes with or without a precipitating object or situation and have the following symptoms
 - (1) Pounding heart and increased heart rate
 - (2) Severe sweating, trembling

- (3) Breathlessness or choking sensation
- (4) Severe pain or discomfort in the chest or abdomen with vomiting feeling
- (5) Dizziness, fear of fainting or falling
- (6) Feelings of unpleasant changes in the body or in the environment
- (7) Feelings of losing one's control or becoming mad
- (8) Fear of dying

(4) Obsessive and compulsive disorder

Here the persons suffer from

- repeated and intrusive thoughts, images or ideas or urges to do certain activities
- (2) the person knows that they are silly, meaningless and useless
- (3) he tries to stop them but cannot
- (4) These thoughts/activities interfere with the routine functions causing distress and disability, for example, the person may get ideas like his hands or body is dirty. He knows that he has taken a bath a few minutes earlier and there is no dirt/dust on his body.

He gets an urge to wash again. Thus he may keep washing/ bathing for hours together. Or, whenever he sees a

sharp object, he may get an urge to take it and stab himself or others. He may get compulsions to jump from a moving bus or train. He may get repeated doubts whether he has locked the house, put off the fan or gas or left the tap running, counted the money properly or not. Thus he may spend a lot of time checking and rechecking.

Treatment

(A) Drugs

There are several drugs which can reduce anxiety and fear. These drugs have to be used only under the guidance of a qualified doctor because these drugs induce sleep, drowsiness and other side effects. They are habit forming too. But they are safe in small quantity and if they are taken for short period like 8 to 12 weeks. The common anxiolytics are,

- (1) Diazepam
- (2) Nitrazepam
- (3) Chlordiazepoxide
- (4) Lorazepam
- (5) Oxazepam
- (6) Propranolol
- (7) Buspirone

(8) Alprazolam

(9) Clonazepam

Antidepressant drugs like Imipramine HCI, Amitriptyline HCI, Dothiepin, Fluoxetine are used to treat panic disorder. In small doses, these are anxiolytics too.

(B) Psychotherapy

Through detailed interviews and discussions, the therapist tries to understand the cause and perpetual factors of anxiety and fear. He helps the person to improve the coping skills. He tries to take away the negative thoughts and induce positive thoughts and hopes. Therapist gives suggestions to improve interpersonal relationships, to reduce or to remove the problems and to improve the environment. Psychotherapy is done daily or once or twice a week till the person improves and is able to manage himself.

(C) Behaviour therapy

According to learning theory, anxiety and fear are learnt behaviour. The person gets conditioned to exhibit these emotions in certain situations. In therapy, he is trained to unlearn these reactions. He is trained to relax by techniques like Jacksonian alternative contraction and relaxation of muscles, breathing exercises, specific techniques like systematic desensitization is used to treat

phobia. That is, the person is gradually exposed to phobic object or situation and learns not to show fear reaction. Exposure and response prevention techniques are used to treat obsessive compulsive disorder.

(D) Miscellaneous Therapy

Yoga, meditation, music, art, dance, therapies are also reported to be beneficial. Indian systems of medicine like Ayurveda, Siddha, Unani, Homeopathy, Naturecure, Acupressure, Pranic Healing, Reiki also have specific treatment methods to treat anxiety disorders.

Depression

Depression is an unpleasant emotion which appears whenever there is a loss, pain failure and frustration. The common situations in which we feel depressed are:

- (1) Separation from loved ones
- (2) Death
- (3) Loss of money, status, health, materials, power, position, property
- (4) Failure in examination, in achieving the objectives or goals, failure to complete the work or task assigned to us.
- (5) Comments, criticisms, ill-treatment, hostility from others
- (6) Poverty, unemployment or under

employment

- (7) Needs and expectations are not fulfilled
- (8) Injustice, deprivation, being deceived by others
- (9) Stigmatising, life threatening, disabling illnesses
- (10) No recognition

When we are depressed the following symptoms appear

- 1. feelings of sadness, unhappiness
- 2. crying spells
- 3. lack of interest
- 4. inability of enjoy
- 5. being dull, withdrawn, become slow both in physical and mental activity
- 6. ideas of hopelessness, helplessness and worthlessness
- 7. negative thoughts
- 8. irritability, anger, aggression
- life appears to be meaningless, death wish, suicidal ideas
- 10. self blaming or blaming others
- decreased appetite, sleep and sexual functioning
- 12. poor concentration, memory, inability



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to take decisions

- 13. apprehension that some more loss may occur
- feeling of loneliness

In majority of people and occasions, depression lasts for a few hours to few days. The person somehow recovers and gets rid of the symptoms by taking support from others, accepting the reality, making necessary changes in his attitude and manages to do daily living activities. If he cannot, then depression reaches the proportion of an illness. Thus if depressive symptoms are present for more than 2 weeks. if the person fails to take care of his needs and becomes disabled to carry on his routine work and responsibilities, if he makes an attempt to end his life or takes decisions which are detrimental to the welfare and safety of the family members, the person is said to be suffering from 'Depressive Disorder'.

In some cases, there may not be any reason like loss or failure or injustice for the onset of depression. This is 'Endogenous depression' which is a biological illness due to deficiency of dopamine, serotonin, (both are neurotransmitters) or decreased level of thyroxine hormone (Hypothyroidism), or long term use of drugs like reserpine (which is used to treat high blood pressure). Oral pills which are used to prevent pregnancy, steroids

etc., Depression can also occur in alcohol abuse. It may be associated with tumors in the frontal lobe of the brain.

Depressive Disorder is more Common in :

Women during child bearing Age:

Pre-menstrual tension like headache, body pains, sad mood, irritability insomnia, nausea / vomiting may be part of depression. Depression may appear during pregnancy, immediately after the delivery of the child or during menopause.

2. At the time of retirement:

Many people are not prepared for the inevitable retirement. They consider it as a loss of status, power. They anticipate rejection by the family and society after retirement.

3. Old Age:

Declining physical and mental health and abilities, economic problems, loss of spouse, separation from grownup children, dependency on others, impending death and dying make the individuals prone for depression.

- Migrants, minority and other vulnerable sections of the community
- 5. People who live alone, away from their

family.

- People who face more life events and who lack social support
- People who suffer from chronic ailments and cannot get cost-effective medical care.

How to overcome depression?

- * Don't be alone: When you are depressed (in situations of loss, frustration), remain in the company of people whom you love and respect.
- * Share your feelings: Don't suppress your feelings. Talk to people and share your feelings and frustration with them.
- * Don't be idle: Don't sit or lie down doing nothing. Engage yourself in some activity or the other.
- * Assess the loss and plan how to overcome it. Accept the loss. Don't deny or exaggerate the loss.
- * Try not to blame yourself or others. If you think that either yourself or others have contributed for it, try to learn a lesson so that you can prevent it in future.
- * Change of place may help you. Go away form the place of loss. Visit friends and relatives. Visit pilgrimage centres.

- * Don't entertain guilt feelings: Any act of omission or commission makes you to feel guilty. You may feel that you were responsible for the death, loss or suffering. Now tell yourself that you will be careful hereafter and there is no use in worrying about the past. Think of some compensatory activities and request God to forgive you.
- * Have faith in God, prayer, worship, visit temple (mosque\ church) and pilgrimage centres, religious rituals, donations for good cause will certainly help you to feel better.
- * Be hopeful: pleasure and pain, love and hate, gain and loss, happiness and sadness, good and bad are two faces of the coin. When you are seeing one face, the other face is forgotten. But you will see it after sometime. Have hopes that you will gain, you will succeed and you will get a better deal sooner or later.

Treatment for Depressive Disorder

(1) Drugs: There are more than ten antidepressant drugs which are safe and effective. They are not sleeping tablets, they do not cause addiction. You have to take one of these drugs under medical supervision common drugs which are prescribed are:

- (a) Imipramine HCI
- (b) Amitryptiline HCI
- (c) Dothiepin
- (d) Fluoxetine
- (e) Sertraline
- (f) Trimipramine
- (g) Clomipramine
- (h) Nortryptiline
- (i) Trazadone etc

There are a few side effects like dryness of mouth, constipation, blurring of vision, giddiness, fall of blood pressure, retention of urine. If you develop one of these side effects, report to the doctor who will tell you how to manage them.

These drugs take 10-14 days to act. That is, you do not see improvement in one or two days. Therefore you should not increase the dose or stop taking these drugs. Doctor will help to find out the optimum dose to control depression. You have to take antidepressant drug for 2 months to one year under medical supervision.

(2) Psychotherapy: Patient and his family members are interviewed and stress factors are identified. Patient is encouraged to talk about his feelings regarding the loss, his

perceptions, his helplessness, guilt. Suppressed emotions are allowed to come out. Empathy and help to improve the coping skills are given by the therapist. Attempts to increase the social support are also made Psychotherapy is done in sessions of 30 to 45 minutes till the person recovers.

- (3) Behaviour Therapy: Negative thoughts are identified. Training is given to convert these thoughts into positive ones. If the persons had developed unwanted and unhealthy behaviours like alcohol abuse, excess smoking, non-cooperation, aggression and destructive behaviour, he is made to give up these. He is taught relaxation techniques.
- (4) E.C.T.: In severe cases of depression when there is high risk of suicide, total self neglect, agitation and aggression, delusions (firm false beliefs) and hallucinations, Electroconvulsive Therapy (ECT) is very effective. It is given 5 to 6 times with an interval of 2 to 3 days. It is safe and harmless.

Death & Grief reaction

Every one of us face death. All of us know that death is the end station of life and is inevitable. But we are afraid of it and hope that it will never strike us. We pray God to post pone it as far as possible. But death keeps striking us. We lose our parents, siblings, spouse, friends, close relatives, colleagues, known people, children. We show intense emotional reactions at the time of death. Emotions become more severe and unbearable when death is unexpected, violent, very painful and when it strikes on young persons. There are 3 stages in our reactions.

- death news of our loved ones or when we see the person dying in front of us, we go into a shock. We get paralysed. We cannot react. There is a staring look, eyes and mouth are wide open. Our heart may skip a beat. We may collapse and lose consciousness. When we are able to talk, we may say, No it cannot be. I don't believe it. Let me check, is it true that he is dead. This could be a wrong news. This stage of shock can last for a minute to even a few days.
- (2) Stage of Intense emotions: Once our mind confirms the event of death, releases the chain of intense emotions.
- a) Severe Sadness: We become very unhappy. We start crying. We feel that everything has come to an end. We feel lost and lonely. We lose meaning in life. We feel helpless, hopeless. We recall the sweet and pleasurable memories of the dead persons and say that they will

never come alive again. We feel that it is better if we die too. We don't feel like taking food, doing any activity. We sit or lie down, crying and sobbing. Some people may even try to commit suicide or hurt themselves.

- of death striking again. We may ask our children, friends and relatives to stay together in one place, not to move out. We are afraid of the future; how we will cope with issues and problems without the presence of the deceased. We feel very inadequate and cling to others, begging for support, help and security.
- c) Anger: Suddenly anger may seize us. We show anger on people, situation or object whom we think are the cause of death. We may become aggressive and show violent behaviour. Thus the family members and relatives may accuse and attack the medical personnel and destroy hospital property. People may gherao the driver, beat him up or set fire to the vehicle which caused the accident. People may start robbing and looting and indulge in anti-social behaviour. They may show dislike and disrespect to the authorities and system. They may not trust others or even their family members.

(3) Stage of accepting the reality and coming back to normal life

This is the last stage in which the person reconciles, accepts the death and loss, makes series of changes in his attitude, acts and reactions which will help him to live and carry on his routines and responsibilities without the dead person. In this stage, the individual needs support, encouragement and guidance of his family members, relatives and friends. This is a continuous process which may take a few weeks to a few years.

How to make the grief reaction less disturbing and short lasting?

- Be with the bereaved person and family.
 Your presence will certainly gives moral support and make them to feel better.
- Talk about the dead person, his good qualities, his achievements, the important role he played. Make others, the bereaved person and other survivors to do the same.
- Attend to the basic needs; persuade them to take food, sleep and protect

themselves.

- Encourage them to take part in the death rituals and religious activities.
- Persuade them to take care of the children, aged and disabled of the family.
 Let them do household chores. This will help to divert their attention.
- Try to understand the emotional outbursts like cries, rage, fears. Allow them to express them in a controlled manner. Don't ask them to suppress the emotions, Don't argue with them whether these reactions are right or wrong.
- Reassure them that they can manage the affairs and responsibilities. Offer your presence and support.

If grief reaction continues for more than 5 months, and the person fails to function usefully, he needs the helps of mental health professional. Either these individuals get pre-occupied with the demise of the dead person develop vague health problems which fail to respond to treatment given by general doctors; symptoms of depression also bother the individual. Re-grief therapy. Antidepressant drugs are helpful.

How to help a person who has failed in the examination?

Here also the person undergoes three stages of reactions: stage of denial/shock, stage of intense emotion and stage of reconciliation.

Parents, friends and teachers should not look down upon the student. They should not blame him and declare that he has no future. They should not compare him with others. They should listen to his version, explanation for the failure. They should help him to find out and understand why he has failed. The causes of failure may be:

- (1) Subject /course is difficult for the student or student has no interest in it. It was forced on him by others.
- (2) Wrong study habits like
 - continues reading without understanding
 - · no review, no recall exercises
 - poor in communication , cannot organize his answers
 - last hour preparation
 - severe performance anxiety, examination fear
 - poor time management
 - excess interest in recreational and other activities
 - poor self confidence and negative attitudes
 - hostility towards examination, society
 - emotional distress

- (3) Extraneous causes like wrong/faulty evaluation, hostile teachers, classmates and friends who wrongly guide him.
- (4) Physical or mental diseases/defects.

The student has to be helped to accept the failure and start preparing for the next examination. Tell him that failure can be a stepping stone for success. Teach him good study habits.

- R = Read for 45 minutes, understand what you read.
- R = Write down the summary of what you have read from memory and in your own words
- R = Relax for a few minutes
- R = Review what you have learnt with your classmates. Answer the question in the stipulated time. Improve your communication skills
- R = Recall the material as many times as possible
- R= Repeat if you forget certain points
- R= Be regular in food, sleep, recreation, learn good time management.

Tell him to do his best and not to worry about the results. Let him not compare himself with his classmates. His aim should not be to score over others but to do better than before. Let him spend at least an hour a day in extracurricular activities like sports, artistic and creative activities

Anger

Anger, like fire destroys everybody and everything. It does not discriminate known people from unknown people. When we are angry, we lose our discretion. We will not be able to judge what is right or what is wrong. We cannot understand the reality as it exists. As soon as something, some issue or some person induces anger in us, adrenaline level increases in our blood which prepares us for fight or flight response. Our body temperature rises, blood rushes to the face, muscles. Face becomes red, muscles contract. We tighten our fist, clench our teeth. We raise our voice. We argue, scold or abuse. We may hit people, destroy things which are in front of us. Like fear, anger is contagious, When we show anger verbally and in body language, the other person or persons reciprocate it. When we utter one harsh or bad word, the other person multiplies it and showers bad words on us; in turn we do the same. The havoc done by anger is unimaginable. The anger of Shurpanaki made her brother Ravana to kidnap Sita which lead to the destruction of entire Sri Lanka. The anger generated in Duryodhana when Draupadi laughed at his plight in her palace, made him to drive Pandavas into forest and forced 'Kurukshetra' war on everybody.

Anger is a main threat for interpersonal relationship within and outside the family and in work si tuation. Anger destroys love and affection which exist between husband and wife, parents and children, between friends and colleagues, between teachers and student.

Causes of Anger

Frustration and injustice are the root cause of anger. More frustration, repeated injustice results in more anger. Some people are short tempered. Hostile environment, highly selfish people can make any one of us lose our temper.

Many times, we suppress our anger which is generated in one situation, by a specific individual. But this suppressed anger comes out like a volcano in another situation and on different person without our awareness. This is know as 'DISPLACEMENT'. Thus a woman who cannot show her anger on her husband may severely punish her child for his trivial disobedience or mistake. People who become helpless and suffer because of the short comings of the government may turn violent with some trivial reason. Thus anger leads to an ugly scene and leaves a bad taste for a long time.

How to reduce anger or avoid its crude expression ?

- Minimise your needs so that they can be fulfilled easily. This means no frustration, no anger. If needs are many, or very high, there are more chances for frustrations and anger outbursts.
- Expect less from everybody: More you expect from the spouse, parents, children, friends, employers, neighbours or the society, more chances for frustration.
- Organize yourself: If you can find your things readily because you know where they are kept. If you can get best out of the time, people and resources that are available because of good planning, If you are satisfied there is less chance for frustration.
- When others misbehave, somebody cheats you, some one takes away your chance cunningly, you are betrayed by some one you trust, do not react quickly. Assess the situation. Find out how you contributed to this by your ignorance, inadequate vigil and foolishness. Learn a lesson and try to be more cautious and wiser than before.

- When you think that another individual or persons are criticizing you, spreading false rumors about you, making fun of you or degrading you in front of others, exercise control on your reactions. Try to explain your stand to others. Negate the comments in a dignified manner.
- In a situation of anger, when you know that you are seized by this emotion, hold on. Buy 10 to 20 seconds and delay your reaction by counting 1 to 20, or drinking a cup of water, or taking a deep breath and stretching your body or chanting the name of God about 10 times. At the end of 20 seconds adrenaline level comes down and you can prevent the expression of anger.
- Avoid situations, people, issues which you know generate anger in you
- Be relaxed. Have activities which help you to relax. Avoid tensions, distress.

Jealousy

When we do not have, but other have it, when we fail but others succeed, when we suffer but others enjoy, when we are unlucky but others are lucky, when we do not get any recognition, appreciation, for the work done or talents exhibited but others get plenty of them for nothing, we feel jealous. This feeling

appears when the child is 15 months old. The child feels jealous and cries when it sees the mother neglecting it but giving more attention to another child. Jealousy is another very dangerous emotion because, like anger it destroys the individual and also others. The epic Mahabharatha is testimony for this. Dhritarashtra and his sons were jealous of Pandavas. Neither Kouravas were happy, nor the Pandavas were allowed to be happy. Jealousy among sibilngs (Sibling rivalry) cousins, professionals are well known. If one prospers, gets credit of recognition, other feels the distress! Jealousy ridden person may go to any extent to pull the other person down. He may become destructive and dangerous. From the beginning parents should train the child to appreciate others' progress and achievements. One should not compare oneself with the others. One should not discriminate one with the other. One should identify this emotion and reduce or remove it as early as possible. Instead of competition. the children should be encouraged to cooperate with each other and learn to share and enjoy it together.

PROMOTION OF MENTAL HEALTH

- 1. M Minimise your needs. Lead a simple and contentful life.
- E Expectations about others to be reduced. Persuade them to understand and live comfortably with you.
- N Negative thinking to be changed to positive thinking.
- 4. **T** Today should get importance, not the past, not the future, try to be happy today.
- 5. A Accept reality, adapt yourself to it.
- L Loneliness, to be avoided. Get support of others. Religious and spiritual activities will also help.
- H Hobbies to divert your attention, to relax, music, reading, creative activities, sports, yoga and meditation.
- E Express your feelings with some one you like, write a diary.
- 9. A Be active. Enjoy the work you do. Say no alcohol and drugs.

- 10. L Learn skills, improve your knowledge to manage your problems, prepare for life events and face them with the help of friends and relatives.
- 11. T Take things as they come. Tackle one problem at a time. Have appropriate targets and keep working to reach them.
- 12. H Healthy lifestyle. Good food-exercisegood living environment. Treatment for health problems by one reliable doctor nearby.



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